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July 21, 2003

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Daniel S. Kasten
Attorney for Applicant(s)
Registration No.: 45,363

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-----------------|---|-------------------|--------------------|
| Application of: | Milbrandt et al. | Group No.: | 1646 |
| Serial No.: | 09/473,551 | Atty. Docket No.: | 56029-9879 |
| Filed: | December 28, 1999 | | |
| For: | GFR(alpha)1-RET Specific Agonists and Methods Therefor | Examiner: | Olga N. Chernyshev |

Commissioner of Patents and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

HONORABLE SIR:

Responsive to the official communication of April 28, 2003, Applicant submits
the following Amendments and Remarks.

It is not believed that extensions of time are required beyond those which may
otherwise be provided for in documents accompanying this Amendment. However, in

2151724

the event that additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned for under 37 C.F.R. § 1.136(a), and any fees required therefore are hereby authorized to be charged to our Deposit Account 20-0823.

Please amend the above-identified application as set forth below.

THOMPSON COBURN

FAX RECEIVED

Thompson Coburn LLP
Attorneys at Law

JUL 23 2003

GROUP 1600

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One Mercantile Center
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www.thompsoncoburn.com***Facsimile***

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| Examiner Olga N. Chernyshev | USPTO | | 703-308-4242 |
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From: DANIEL KASTEN

Date: JULY 21, 2003

Message:

APPLICATION: MILBRANDT ET AL.
 SERIAL NO: 09/473,551
 FILED: DECEMBER 28, 1999
 FOR: GFR(ALPHA)1-RET SPECIFIC AGONISTS AND METHODS THEREFOR
 GROUP NO: 1646
 ATTY.DOCKET: 56029/9879
 EXAMINER: OLGA N. CHERNYSHEV

Atty/Client/Matter No.: 3067/56029/9879

Total Number of Pages, including this page: 8/10

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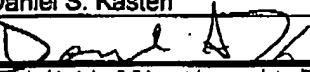
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| | | | |
|--|---|----------------------|-------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 09/473,551 |
| | | Filing Date | December 28, 1999 |
| | | First Named Inventor | Milbrandt et al. |
| | | Group Art Unit | 1646 |
| | | Examiner Name | Olga N. Chemyshew |
| Total Number of Pages in This Submission | 1 | Attorney Docket No. | 56029/9879 |

| ENCLOSURES (check all that apply) | | | |
|---|---|--|--|
| <input type="checkbox"/> Charge Deposit Account -20-0823 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b)) | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below): | Remarks: <input checked="" type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 20-0823. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: _____ |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual Name | Daniel S. Kasten C/O Thompson Coburn LLP |
| Signature |  |
| Date | July 21, 2003 |

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| Typed or printed name | Daniel S. Kasten |
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| Date | July 21, 2003 |

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